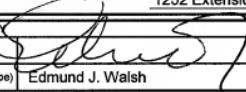


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEET TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/631,206-Conf. #3320
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 31, 2003
		First Named Inventor	Raymond E. Ozzie
		Examiner Name	S. Zia
		Art Unit	2131
TOTAL AMOUNT OF PAYMENT	(\$)	1,300.00	
		Attorney Docket No. M1103.70263US00	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 23/2825			Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments				

<b>FEE CALCULATION</b>					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>					
FILING FEES		SEARCH FEES		EXAMINATION FEES	
<b>Application Type</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220
Design	220	110	100	50	140
Plant	220	110	330	165	170
Reissue	330	165	540	270	650
Provisional	220	110	0	0	0
<b>2. EXCESS CLAIM FEES</b>					
<b>Fee Description</b>					
Each claim over 20 (including Reissues) 52 26					
Each independent claim over 3 (including Reissues) 220 110					
Multiple dependent claims 390 195					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
- 20 or HP	-	<input type="checkbox"/> x =	_____	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.					
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>	
- 3 or HP	-	<input type="checkbox"/> x =	_____	_____	
HP = highest number of independent claims paid for, if greater than 3.					
<b>3. APPLICATION SIZE FEE</b>					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
- 100	/50 =	(round up to a whole number) x	_____	= _____	
<b>4. OTHER FEE(S)</b>					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00					
1252 Extension for response within second month 490.00					
<b>SUBMITTED BY</b>					
 Signature Name (Print/Type)		Registration No. (Attorney/Agent)		32,950	Telephone 617.646.8000
					Date December 11, 2008

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 11, 2008

  
 Signature: Eileen MacKenzie